

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Children's Behavioral Health System State
Board Annual Report

December, 2022

Children’s Behavioral Health System State Board

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INTRODUCTION

This Annual Report of the Iowa Children’s Behavioral Health System State Board is being submitted pursuant to Iowa Code § 225C.51. This report includes a summary of all activities undertaken by the state board and results from identified behavioral health outcomes and indicators for the Children’s Behavioral Health System.

Executive Summary

The Children's Behavioral Health System State Board (Children's Board) are experts who act as the eyes and ears of Iowa children and families. Members remain optimistic and stay true to their purpose, working together as passionate and committed experts. The members of the Children's Board identify the needs of Iowa's children and work to resolve gaps in service. The Children's Board provides guidance to the Iowa Department of Health and Human Services (HHS) and Department of Education (DE) to promote the development of an effective Children's Behavioral Health System (Children's System) in our state. The group acknowledges the ever-changing needs of families and believes all children should have the opportunity to succeed and thrive. Behavioral health care is essential care and especially impactful for kids. A Children's System that acknowledges needs and supports positive outcomes is necessary. An inclusive, accountable, transparent approach to reviewing the whole Children's System is applied. The perspectives of individuals and families with lived experience assist in focusing recommendations while legislative action promotes implementation and sustainability. Data is used to inform decisions. The result of this work will be a coherent and cohesive system of services for children that is continually improved, achieving outcomes through accountability.

The Children's Board met a total of six (6) times in-person or virtually this past year. The Children's Board had discussions on the following topics: Current Events impacting the Children's System, Mental Health and Disability Services (MHDS) Regional implementation of children's services, Workforce Development Recommendations, Funding the Children's System, and Outcomes and Indicators for the Children's System.

The Children's Board recognizes the work accomplished to lay the groundwork for the Children's System but is cognizant that gaps continue to exist in the Children's System that require further action to build a holistic Children's System. As part of its work to review results and indicators for the Children's System, the Children's Board has identified priorities within the next year for decision-makers as Iowa continues to build its Children's System.

Priorities Identified for Decision-makers

In the three years since Iowa's Children's Behavioral Health System was established by state law, services for children have been built out in Iowa. We as a state can be proud that more services are available today to help children and families.

However, the concerning reality is that treatment and support needs have expanded apace with or faster than Iowa's rate of progress. Part of that is attributable to Iowa's work: There is greater awareness today of behavioral health needs and the importance of a person having both their physical health and their mental health to truly be well.

But with the need for children's services growing, Iowa must continue to make development of its Children's Behavioral Health System a priority to meet its responsibility of caring for its citizens, particularly the youngest and most vulnerable.

The Board's goal remains for Iowa to have and maintain a high-quality Children's Behavioral Health System driven by defined outcomes that provides comprehensive education and screening, effective services and supports, coordinated governance, and robust funding.

With funding for mental health services in Iowa now provided through performance-based state appropriations rather than county property tax dollars, the priorities identified by the Children's Board for calendar year 2023 are addressed to decision-makers as a whole, the Iowa Department of Health and Human Services (Iowa HHS), and the Board itself.

Through the state appropriations, Iowa HHS can now require greater transparency in the administration of Iowa's children's services via reporting and outcomes. And all decision-makers can continue to work on the larger issues that impact the delivery of behavioral health services, such as recruitment and retention of a quality workforce and support for treatment providers.

Cognizant of that background, the Children's Board identifies the following priorities within the next year as Iowa continues to build its Children's Behavioral Health System.

For all decision-makers:

- Preserve Medicaid funding and programs and make necessary changes to assure appropriate delivery of behavioral health services for clients along with timely, adequate payment to providers.
- Continue behavioral health service growth in all areas of the state including but not limited to core and core-plus services. The goal is to build a robust system from crisis care to step-down services that provide the right treatment to the right children and families at the right time. Ensure that this work explores and corrects gaps in services that hamper effective care including but not limited to crisis stabilization for youth with complex behavioral disorders.
- Pursuant to the objective in Iowa Code Section 225C.4(l) of having behavioral health services for all Iowa children who need them, ensure that Iowa's Mental Health and Disability Services Regions (MHDS Regions) provide funding and services for secondary prevention and early intervention for children without diagnosis of a serious emotional disturbance.
- Amend Iowa Code to include service coordination and supports to community living as core services.
- Continue to protect the use of telehealth delivery for behavioral health services through payment parity and other effective strategies.
- Support increased behavioral health services in schools for students and staff, with emphasis on suicide prevention and awareness strategies. Ensure that this work continues to develop and implement statewide data collection regarding children with a serious emotional disturbance (SED).
- Align funding decisions to ensure that federal block grant monies can be awarded to organizations that serve only children or primarily children.
- Cognizant of Iowa's shortage of behavioral health providers at all levels of education and experience but particularly among those with specialization to treat children, establish an annual state goal of adding an identified number of psychiatrists and other specialists who will work with the most vulnerable patients and accept all forms of payment for services. The goal will be to raise Iowa above the median population threshold for the number of behavioral health providers.

- For Iowa's existing behavioral health workforce, consider longevity bonuses, recruitment bonuses, tax incentives and other monetary considerations for those in specialized behavioral health roles. In addition, ensure that non-compete clauses do not impede behavioral health providers from continuing to practice if they change roles.
- Akin to efforts being utilized to expand Iowa's education workforce, apply creative thinking with the goal of producing additional certifications and development programs to grow Iowa's behavioral health workforce.

For the Administrator of Behavioral Health and Disability Services to share with other leaders at the Iowa Department of Health and Human Services:

- Review governing structures and decision-making within Iowa's MHDS Regions to ensure equitable citizen and stakeholder representation in addition to the existing roles of county leadership.
- Complete statewide resource mapping of children's behavioral health services in Iowa by June 30, 2023. Produce a report providing an overview of children's services in Iowa no later than September 30, 2023. Identify geographical areas where Crisis Stabilization for Children is lacking and prioritize resources to these areas. At least eight (8) facilities in Iowa with equal geographic distribution across the state should be identified as 24-hour Crisis Stabilization Facilities.
- Require financial reporting by Iowa's MHDS Regions to separate out spending for children's services and adult services by service item and overall totals in the delivery of behavioral health services.
- Based upon the results of the statewide resource mapping and the adjusted financial reports from Iowa's MHDS Regions, develop a three-year plan regarding innovation and oversight for children's services in the MHDS Regions.

For the Children's Board:

- Revisit the issue of universal, periodic behavioral health screening and assessments to verify the locations and service providers where that is occurring. Evaluate the effectiveness and scope of that screening to determine any future recommendations and associated work by the Board.
- Evaluate strategies to utilize Adverse Childhood Experiences (ACEs) scoring to ensure the right treatment to the right kids at the right time and produce recommendations and associated work by the Board.
- Revisit the Board's 2021 strategic planning to best determine an effective ongoing role for the Board, especially in establishing annual goals and priorities.
- Evaluate public involvement with the Board to encourage and emphasize information sharing with the Board from children and parents who are seeking or receiving children's behavioral health services in Iowa, as well as treatment providers themselves. The goal will be to best identify existing gaps in services.
- Revisit the cadence of Board meetings to determine if they are sufficient to meeting the Board's goals for its work.

Children's Board Overview

The Children's Board was established in Iowa Code § 225C to oversee and guide the implementation and management of a Children's System for the provision of services to children with a serious emotional disturbance.

CHILDREN'S BOARD MEMBERSHIP

Iowa Code § 225C requires members of the Children's Board to be individuals with lived experience and individuals with experience and knowledge about children's behavioral health services. The Children's Board membership includes Directors of State Departments and public members with the Directors of the Department of Education (DE) and Department of Health and Human Services (HHS) serving as co-chairs. See Appendix A for membership list.

CHILDREN'S BOARD MEETINGS

The Children's Board meets at least four times per year. Meeting agendas, minutes, and supporting materials were distributed to over 220 interested persons and organizations and made available to the public on the DHS website. The meetings are attended by an average of 45 public participants.

Activities Undertaken by the Children's Board

CURRENT EVENTS

During 2022, the Children's Board received updates on current events impacting the children's system. Due to these events, the following programs and actions have occurred within the state, impacting the children's system:

1. **Department of Health and Human Services (HHS) Alignment** – On June 14, 2022, House File 2578 was signed by Governor Reynolds, creating a Department of Health and Human Services (HHS) and providing a one-year transition period for Iowa Department of Public Health (IDPH) and Department of Human Services (DHS) to merge current functions into the new department. An initial written plan was submitted in September detailing how functions will be merged. Click [here](#) to visit the HHS Alignment website.
2. **9-8-8** - The National Suicide Prevention Lifeline number (1-800-273-8255) transitioned to the three-digit 9-8-8 Crisis and Suicide Lifeline on July 16, 2022, for call, text, and chat. HHS is contracted with Foundation 2 Crisis Services and CommUnity Crisis Services and Foodbank to provide 988 Crisis Services in Iowa with Foundation 2 the primary Center for 988 calls and CommUnity is staffing to answer most chats and texts. The first year will focus on crisis center capacity, mobile response warm transfers and information and referral information.
3. **Community Integration** - HHS continues to work on community integration to meet the needs of individuals to ensure they are served in the least restrictive setting possible and are not placed in a facility because there are not adequate resources in the community. Click [here](#) to review the Community Integration Strategic Plan.
4. **COVID-19 Public Health Workforce Supplemental Funding Grant** – The Iowa Department of Education (DE) partnered with the Iowa Department of Public Health on a \$4.5 million grant awarded by the Center for Disease Control (CDC). The grant funds must be

directed to schools to establish, expand, train, support and sustain school-based health programs related to social-emotional-behavioral and mental health (SEBH) knowledge to address the increased needs of Iowa students as a result of the COVID-19 pandemic.

STRATEGIC PLANNING

Shelley Horak, HHS Project Manager, worked with the Children's Board to establish an updated strategic plan for their work. Discussions focused on navigating their role as a board, developing their elevator speech, and identifying future goals for the board. The Children's Board re-affirmed their code-defined responsibilities (Iowa Code 225CC.51) to the extent funding is available, perform the following duties:

- Advise the administrator of the Division of Mental Health and Disability Services on the administration of the Children's System.
- Provide consultation services to agencies regarding the development of administrative rules for the Children's System.
- Identify behavioral health outcomes and indicators for eligible children with a serious emotional disturbance to promote children living with their own families in the community.

The Children's Board selected their priority outcomes and sub-outcomes from a list of measures monitored by the Board.

1. Outcome 2: All children are free of impairment from un-addressed behavioral health concerns or issues.
2. Outcome 4: All children have a support system.
3. Outcome 3: All children have access to gold standard of care.
4. Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives.
5. Outcome 1: All children receive a behavioral health screening.

The Children's Board reviewed their prioritized metrics and outcomes identifying Outcomes 2 and 4 as the two highest priority outcomes. The Children's Board committed to a work plan with a 2-year timeline with each year focusing on one Outcome. Regular Board meetings, as well as work team agendas will focus on the identified outcome and support the 2-year timeline.

UPDATES ON MHDS REGIONS

Theresa Armstrong, HHS Bureau Chief, presented SFY21 MHDS Regional data submitted by the regions to HHS. SFY21 was the first full year that regions were required to fund core services for children with a serious emotional disturbance up to 500% FPL and crisis services for all children.

PRESENTATIONS

Throughout the past year, the Children's Board heard the following additional presentations relating to the children's system:

- I. **Sesame Street in Communities** – Lisa Cushatt, Executive Director of Iowa ACEs 360, and Sarah Welch, Coordinator with The Iowa Alliance for Healthy Kids, presented on

- the work Iowa Alliance is doing in the state. The Iowa Alliance for Healthy Kids is a collaborative effort to increase understanding of social and emotional well-being and to use Sesame Street in Communities resources to promote early relational health with families and the healthy development of children ages 0-8.
2. **Administrative Rules** – HHS staff provided updates on administrative rule packages for Chapter 24 related to Community Mental Health Centers (CMHCs), as well as Chapter 25 related to MHDS regional funding and a five-year administrative review of the chapter.
 3. **Therapeutic Classrooms** - Barb Anderson and Kathy Bertsch with the DE presented an update on therapeutic classrooms. The Therapeutic Classroom Incentive Grant was established through state legislation and signed into law in 2020 and is part of a statewide effort to increase mental health supports for children, youth, and families. Six school districts were awarded \$1,626,075 during the first round of the competitive grant process for the 2021-2022 school year to establish therapeutic classrooms. Ten additional grants were awarded \$2,351,382 for the 2022-2023 school year. Click [here](#) to learn more about Therapeutic Classrooms.
 4. **Statewide Evaluation of the Behavioral Health, Developmental Disability, and Aging Services in Iowa** – Liz Matney, Director, Iowa Medicaid presented on a competitive request for proposal (RFP) that was issued for a contractor to perform an overall evaluation of the behavioral health, developmental disability, and aging services in the state. The RFP was awarded to Mathematica who, subcontracting with the Harkin Institute, has formulated a plan focusing on Medicaid, but looking at all the intersections with other state agencies, divisions, MHDS Regions, etc. The plan has three main areas of focus including data, policy and procedure review, and qualitative information obtained through interviews with Medicaid and additional HHS staff as well as other state staff and community stakeholders. Priorities of the project are to look at equitable access to services, that staff and providers feel well-trained and supported in their roles assisting individuals and driving forward services that are helping people with a focus on evidence-based practices, when possible.
 5. **Funding for Behavioral Health in Schools** – Barb Anderson, Administrative Consultant, DE, presented on available funding for behavioral health in schools including Medicaid, grants, and claims reimbursement (e.g., therapeutic classrooms), federal relief funds such as the Governor’s Emergency Education Relief (GEER II) Fund, local and private grants, as well as dropout prevention and at-risk funds. It was noted that recent legislation has increased flexibility for schools to support social-emotional behavioral health for students.
 6. **Families First** - Janee Harvey, HHS Administrator, presented on Family First in Iowa and shared that Family First restructures how the federal government spends money on child welfare to improve outcomes for children. Iowa has many efforts to prevent the need for removal through evidence-based family preservation services through committing to keeping children with their families, or in family settings. Iowa continues to evaluate existing pilot programs across the state, invest in primary prevention, establish post-discharge services for residential care, and make modifications to Iowa Code Chapter 232 including, language aligning least restrictive care efforts, extend foster care to 21 years or age, and clarifying definitions. Click [here](#) to learn more about Families First in Iowa.
 7. **Conditions for Learning (CfL) Survey** – Barb Anderson and Courtney Clement, DE, presented on the 2021 Conditions for Learning Survey. Conditions for Learning is part of Iowa’s plan under federal education law, Every Student Succeeds Act, and is one of several measures that makes up a school’s accountability score on Iowa School Performance Profiles. Click [here](#) to learn more about Conditions for Learning.

8. **Please Pass the Love** – Gabby Guerra, Director of Youth Engagement as well as Youth Advisory Board and Stomp Out Stigma Leaders, Ellie Huber, Raegan Park, and Devyn Sam provided a presentation on the Please Pass the Love program and their current experiences. Please Pass the Love aims to provide mental health resources and programs to schools and people who do not have them. Please Pass the Love is working to transform the environment by preventing and addressing mental health issues in students across the nation. Click [here](#) to learn more about Please Pass the Love.

Outcomes and Indicators for the Children’s Behavioral Health System

In January 2022, the subcommittee provided an update to the Children’s Board on their continued work on collecting, analyzing, and displaying data relating to the Top 10 prioritized metrics from existing data sets at the Department of Education, specifically with regards to Outcomes 2 and 4. The subcommittee recognizes the need for extensive comprehensive resources that are needed to ensure adequate data collection of the children’s system occurs while identifying a current lack of resources to do so. Please see Appendix B for the metrics and outcomes spreadsheet.

The Board recognizes further data collection is required to identify gaps in the system.

Summary

The Children’s Board acknowledges the accomplishments and dedication of Governor Reynolds, Legislature, and key stakeholders for their contributions and commitment to the development of a system with adequate resources to support the behavioral health needs of Iowa’s children and their families to live healthy, productive, and full lives.

This report is respectfully submitted on behalf of the members of the Children’s Behavioral Health System State Board.

Appendix A: Children’s Board Membership List 2021 – 2022

MEMBER CITY (COUNTY) EMAIL ADDRESS	TERM SERVING	REPRESENTS
Andrew Allen Huxley (Story) aallen@yss.org	2nd Term 7/11/23 to 4/30/26	Child Welfare Provider (President and CEO of YSS)
Darci Alt Redfield (Dallas) darci.alt@dallascountyiowa.gov	2nd Term 6/30/21 to 4/30/25	Mental Health and Disability Services Region Chief Executive Officer (CEO, Heart of Iowa Region)
Dan Cox Sioux City (Woodbury) dcox@nwaea.org	1st Term 7/11/19 to 4/30/23	Area Education Agency Administrator (Northwest AEA)
Kelly Garcia (Co-Chair) (Polk) kgarcia@dhs.state.ia.us	Standing	Department of Health and Human Services (Director)
Scott Hobart Davenport (Scott) scott.hobart@iowacourts.gov	2nd Term 6/30/21 to 4/30/25	Iowa State Court Administrator (Chief Juvenile Court Officer)
	Vacant	Children’s Mental Health Advocacy Organization
Marcus Johnson-Miller (Polk) marcus.johnson-miller@idph.iowa.gov	Standing	Iowa Department of Public Health (Bureau Chief)
Carol Meade Newhall (Benton) carol.meade@unitypoint.org	2nd Term 6/30/21 to 4/30/25	Health Care System Representative (Director of Behavioral Health Services, St. Luke’s)
Kim Buryanek (Co-Chair) (Polk) kim.buryanek@iowa.gov	Standing	Department of Education Designee (Division Administrator)
Mary Neubauer Clive (Dallas) maryneulA@outlook.com	1st Term 7/11/19 to 4/30/23	Parent or Guardian of a Child with Serious Emotional Disturbance (Parent Advocate)
Dr. Nathan Noble Clive (Dallas) nathan.noble@unitypoint.org	2nd Term 7/11/23 to 4/30/26	Pediatrician (UnityPoint Health Des Moines)
Okpara Rice Marion (Linn) okpararice@gmail.com	1st Term 7/11/19 to 4/30/23	Child Mental Health Provider (CEO, Tanager Place)
Jason Sandholdt Knoxville (Marion)	2nd Term 7/11/23 to 4/30/26	County Sheriff (Marion County Sheriff)

jsandholdt@co.marion.ia.us		
Beth Townsend Granger (Polk) beth.townsend@iwd.iowa.gov	Standing	Department of Iowa Workforce Development (Director)
Shanell Wagler Panora (Guthrie) shanell.wagler@iowa.gov	1st Term 7/11/19 to 4/30/23	Early Childhood Iowa (Administrator)
Richard Whitaker Davenport (Scott) whitakerr@verafrenchmhc.org	Standing	Iowa Mental Health and Disability Services Commission (Representative)
Kari Price Altoona (Polk) kari.price@dmschools.org	1st Term 2/25/22 to 4/30/25	School District Educator, Counselor, or Administrator
Senator Jeff Edler State Center (Marshall) jeff.edler@legis.iowa.gov	2nd Term 2/19/21 to 1/8/23	Senate Majority Leader (non-voting)
Rep. Shannon Lundgren Peosta (Dubuque) shannon.lundgren@legis.iowa.gov	2nd Term 2/19/21 to 1/8/23	Speaker of the House (non-voting)
Senator Liz Mathis Hiawatha (Linn) liz.mathis@legis.iowa.gov	2nd Term 2/19/21 to 1/8/23	Senate Minority Leader (non-voting)
Rep. Timi Brown-Powers Waterloo (Black Hawk) timi.brown-powers@legis.iowa.gov	2nd Term 2/19/21 to 1/8/23	House Minority Leader (non-voting)

Appendix B: Identified Metrics and Outcomes for the Children’s System¹

	Outcome	Suggested Metric(s)
1	Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives	5.4 Increase in access to comprehensive coordinated treatment and supports
2	Outcome 4: All children have a support system	4.6 Increase in number of people who know how to access services
3	Outcome 4: All children have a support system	4.7 Decrease in youth suicide ideation attempts, and completions
4	Outcome 3: All children have access to a gold standard of care	3.2 Increase in number of children who have timely access to appropriate, culturally responsive local behavioral health services with quality providers
5	Outcome 4: All children have a support system	4.2 Increase in number of crisis intervention services that are not law enforcement
6	Outcome 4: All children have a support system	4.3 Increase in number of behavioral health services and supports in schools
7	Outcome 3: All children have access to a gold standard of care	3.1 Increase in number of children who have insurance with adequate coverage
8	Outcome 1: All children receive a behavioral health screening	1.1 Deferred until screening panel has completed their report
9	Outcome 4: All children have a support system	4.5 Increase in family engagement and involvement during treatment and post-discharge
10	Outcome 5: Children with complex behavioral health needs will live safe, healthy, successful lives	5.5 Decrease in contact with law enforcement and juvenile court

¹ Subject to change